

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>		2/1/00
O.I.P.E. CLASSIFIER		49	3/6/00
FORMALITY REVIEW	LH	60105	5-4-00
RESPONSE FORMALITY REVIEW			

Best Available Copy

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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If more than 150 claims or 10 actions  
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